

Entered - 11-28-00 - sb
CL - 01L0028 ALEXIS HOLMES

CLAIM OF: **CEI Auto Claims Management**
As Subrogee of
HEATHER RENDLE
P.O. Box 1260
Southampton Office Park B 150
Southampton, PA 18966-1260

01-*2*-0269

For damages alleged to have been sustained as a result of a vehicular accident on September 19, 2000 at Roswell Road, NE.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **CEI Auto Claims Management, as Subrogee of HEATHER RENDLE** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on September 19, 2000 at Roswell Road, NE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY:

Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

Robert N. G. J. DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0028

Date: 2/12/01

Claimant /Victim HEATHER RENDLE

BY: (Atty)(Ins.) CEI Auto Claims Management

Address: P.O. Box 1260 Southampton Office Par B 150 Southampton, PA 18966-1260

Subrogation: X Claim for Property damage \$ 4,158.28 Bodily Injury \$ _____

Date of Notice: 11/28/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 9/19/00 Place: 3315 Roswell Road, NE

Department Police Division: _____

Employee involved Officer Alan Quevedo Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of the City vehicle changed lanes improperly and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Other _____ Written _____ Oral X

Pictures _____ Diagrams X Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

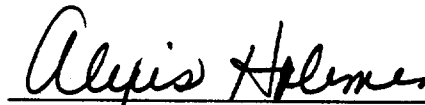
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement X

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02-13-01

Committee Action: _____ Council Action _____

CEI Recovery Services
P.O. Box 1260 215.364.8253
Southampton Office Park B150 215.364.5650 fax
Southampton, PA 18966-1260 www.ceinetwork.com

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Holmes
12/28/00
Rh

November 15, 2000



AUTO CLAIMS MANAGEMENT

City of Atlanta Municipal Clerk
55 Trinity Ave. S.W.
Atlanta GA 30335-0332

11-23-00P05:53 RCVD

ENTERED -
01L0028 -ALEXIS HOLMES

Attention: Law Department

Reference:

Our Client:	Pfizer, Inc.
Our Driver:	Heather Rendle
Our File #:	Q4351-314
Your Insured:	City of Atlanta
Claim#:	Alan Quevedo
Date of Loss :	09/19/00
Loss Amount:	\$4,158.20

Dear Sir or Madam:

As Subrogees City of Atlanta Municipal Clerk, we are seeking damages in the above amount, which is broken down as follows:

Estimate:	\$3,287.00
Supplement:	
Rental:	\$871.20
Diminished Value:	
Process Fee:	
Loss of Use:	
Total:	\$4,158.20

These damages were caused by the sole negligent operation of a motor vehicle owned and/or operated by your insured. Please find the enclosed documents supporting our claim. We are looking for full reimbursement of our client's expenses, as their vehicles are self-insured for collision.

Sincerely,

Kathy Ries

Kathy Ries
Claims Adjuster
215-364-8253 Ext. 280

Please make draft payable to: "CEI Services as Subrogees of Pfizer, Inc.."

01-R-0269